

PAYEE'S ADDRESS (ALSO FILL IN IF PAYEE IS A COMPANY)

109668849

NAME OF PAYEE
 ADDRESS
 CITY
 STATE
 ZIP

205

995

12-20-04

CLAIMS AS AMENDED

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	14	Minus	20	4
	Independent (37 CFR 1.16(b))	3	Minus	3	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	
ADDITIONAL FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXCESS FEE
	Total (37 CFR 1.16(c))	*	Minus	***	a
	Independent (37 CFR 1.16(b))	*	Minus	***	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	
ADDITIONAL FEE	

AMENDMENT C		Column 1	Column 2	Column 3	Column 4
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	DEPENDENT ENTRY
Total (37 CFR 1.16(c))		*	Minus	**	
Independent (37 CFR 1.16(b))		*	Minus	***	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					37 CFR 1.16(d)

RATE	ADDITIONAL FEE
9	
44	
150	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 7, write in column 7 the entry in column 1.
 ** If the "Highest Number Previously Paid For" is in THIS SPACE, then the "Highest Number Previously Paid For" is less than the entry in column 7.
 *** If the "Highest Number Previously Paid For" is in THIS SPACE, then the "Highest Number Previously Paid For" is less than the entry in column 7.
 Burden Hour Statement: The total number of hours spent on this application is _____ hours.
 Any comments on the amount of time spent on this application should be included in this space.
 Office: Washington, DC 20541